

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

OFFICIAL USE

09/700179

FILED DATE

APPLICANT(S)

1-12-05

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	26	0	2	0		0
TOTAL DEP.	46	0	55	0		0
TOTAL CLAIMS	72		57			

	* IND.		* DEP.		* IND.		* DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		0		0		0		0
TOTAL DEP.		0		0		0		0
TOTAL CLAIMS								

BEST AVAILABLE COPY

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS